



PERSONAL INCOME ASSESSMENT

Individual Receiving Services: _____

Date: _____

The following questions are designed to address the individual's income and outline the management of those funds when developing the ISP.

Income Sources:	<input type="checkbox"/> Government Benefits <input type="checkbox"/> Wages; <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other	
Other Sources:	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Home Energy Assistance Program (HEAP) <input type="checkbox"/> Housing Assistance (HUD, Metro, etc) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Other	
	Yes/NO	Details regarding the type of support needed:
Do you need support in protecting yourself from financial exploitation (e.g. credit card offers, solicitors)?		
Do you need help maintaining or obtaining benefits?		
Do you need help setting up automated payments?		
Does the individual have a Medicaid spend down?		
Do you need help with banking?		
Do you need help managing your money?		
Do you want to be more involved in: <input type="checkbox"/> Paying your bills <input type="checkbox"/> Budgeting your money? <input type="checkbox"/> Banking? <input type="checkbox"/> Saving money?		
Do you need additional supports when caring and/or spending money for purchases?		
Do you have any needs for shelter or food that are not met by your resources?		
Do you have other financial needs that have not been met?		
Do you have outstanding debt?		
Is there anything that you want to save money for?		
Would you like supplemental insurance?		
Do you have burial arrangements?		
Do you need or want help making choices about your money and benefits?		
Does anyone help you with your money or benefits: Who? What? Paid? Unpaid?		